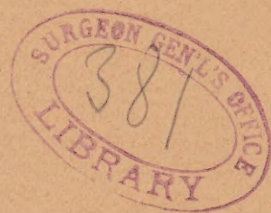


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A CASE OF LORETA'S OPERATION FOR STRICTURE OF THE PYLORUS.

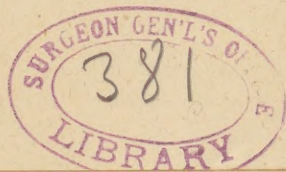
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Until recently no attention has been paid to the after-effects of chronic gastric or duodenal ulcer upon the anatomical structure of the pylorus. That stenosis of the pyloric orifice is occasionally an important sequel of such disease is now undisputed, while the operation devised by Loreta for the relief of this condition seems to be a rational and comparatively safe procedure. It is certain that the operation will prove a boon in a rather numerous class of obscure, tedious and urgent cases, which present a history of prolonged gastric derangement, and in which medication and dietetics have proven unavailing. The following case will be of interest as a contribution to the literature of this subject :

T. W.—, æt. 23, native of Ireland, by occupation a laborer, entered the Southern Pacific Co's Hospital Jan. 16, 1889. The following history of the case was obtained : Four years ago, while in Ireland, patient had a prolonged attack of gastric trouble, accompanied by epigastric pain, vomiting, and loss of appetite. A similar attack occurred one year later, and he had never fully recovered. In July, 1888, vomiting recurred, accompanied by constant belching of gas from the stomach, great pain in the epigastrium, absolute disgust for food, loss of weight, and general debility. About this time he applied for treatment at the Hospital as an office patient, and continued in this capacity until Jan. 16, 1889, without relief. The diagnosis made was chronic gastric ulcer. Upon admission to Hospital, he was placed upon a strict diet, consisting of peptonized milk and raw minced meat. There was almost immediate improvement in the patient's condition.

On March 23, 1889, however, the gastric symptoms were so distressing, that it was determined to irrigate the stomach daily through a stomach tube. For this purpose a solution of bicarbonate of soda, two drachms to the pint, was used at first, and later on a solution of boracic acid, one drachm to the pint. Although improvement followed upon this treatment, yet, at the end of two weeks, he still complained of accumulation of gas in the stomach, and of deep epigastric pains, from which he had never been relieved. Rigid diet was adhered to, and at times the patient



was nourished by rectal alimentation alone. While occasionally there was relief from vomiting, this symptom never failed to recur. On June 1st, it was discovered that the stomach was greatly dilated, and failure of his general condition was unmistakable. On the 7th of June he went to San Francisco, on an indefinite leave of absence, but his former symptoms were so aggravated that he returned in one week. From this time vomiting was almost constant, whether the stomach contained ingesta or not; he frequently vomited coffee ground material. Having determined that the patient's trouble was now due to cicatricial contraction of the pylorus, and his consent having been obtained, I decided to operate by Loreta's method. For several days previous to the operation, the patient was prepared by daily irrigation of the stomach and rectal alimentation.

On the 18th of June, assisted by Doctors Cluness, Gardner, and Simmons, with a number of other physicians, the patient was etherized and I opened the abdominal cavity by an incision four inches in length, extending from the sternum to the umbilicus. No important hemorrhage was encountered in opening the omentum, and the anterior wall of a greatly dilated stomach was easily exposed. The pyloric orifice could not be definitely located, although the conditions seemed to be such as to warrant completion of the operation. A vertical incision, one-half inch in length, was made through the anterior wall at a point midway between the two curvatures and three inches from the pylorus. No important vessels were severed. Through this opening a search for the pyloric orifice was instituted, and the opening detected with some difficulty; it was located on the upper curvature, the duodenum being turned backward and covered by a pouch or *cul-de-sac*, formed by the dilated end of the stomach. The point of the little finger engaged in the pylorus with much difficulty. A small uterine dilator was then introduced and the opening slightly enlarged; further dilatation was effected by means of Bigelow's powerful sinus dilator. The incision in the gastric wall was then enlarged to admit the index fingers of both hands, by means of which the operation was completed. The dilatation was carried to a degree sufficient to admit three fingers readily. The stomach wound was closed by continuous silk suture of the muscular and mucous coats, and by Lembert's interrupted silk suture of the peritoneal coat. The abdominal wound was carefully cleansed with sublimate solution and closed with silver sutures. Time of operation $1\frac{1}{2}$ hours.

The patient suffered but slightly from shock and vomited once, two hours after. The vomitus consisted of blood and biliary matter. His temperature for the following week ranged between normal and 100° F. For the first ten days no food was given by the mouth, patient's strength being maintained by nutrient enemata, consisting of liquid peptonoids, whiskey and peptonized milk.

Small pieces of ice were permitted from the first, and were rendered imperative by annoying thirst.

During the night of June 26th, patient vomited twice, owing to indiscretion in the use of ice. The following morning it was discovered that one of the sutures at the middle of the abdominal incision was broken, and that the wound had opened. Through this orifice a fan-shaped portion of omentum protruded. This was at once carefully cleansed and replaced, the wound being re-closed by a strong suture. After the second week the patient was nourished wholly by the stomach, solid food being gradually substituted for liquids. There was no further interruption to recovery.

July 20th, two months after operation, patient has an excellent appetite; eats liberally of solid food, without vomiting or distress. He has gained rapidly in weight and strength, and hopes to resume work at an early day.

Positiveness in the diagnosis of cicatricial, or non-malignant stenosis of the pylorus is far from easy of attainment. There are, however, three factors, which, if present simultaneously, point strongly to the existence of this condition—First: a well-authenticated history of chronic gastric or duodenal ulcer. Second: persistent vomiting of partly digested food, or of biliary fluid. Third: marked dilatation of the stomach. Epigastric pain, disgust for food of any sort, and chronic constipation, together with various phenomena depending upon functional derangement, are of value only as confirmatory symptoms.

According to Treves, of London, this operation has been done frequently on the continent of Europe, Loreta being the most prominent operator. Up to May, 1889, this method had been resorted to but once in England, and that case was treated by Treves himself. Drs. Kinnicut and Bull, of New York, have recently published a table of twenty cases by various operators. To this table I have added Treves' case and my own, making twenty-two in all. Of these, fourteen are reported cured, one improved, and seven dead. The causes of death in the fatal cases are as follows: Cancer of the stomach, hemorrhage into the stomach after operation, renal disease, exhaustion (on the eighteenth day), tetanus, and collapse. In one case the cause of death is not given.

Loreta states that in uncomplicated cases he has met with almost universal success. It is to be regretted that his statistics are inaccessible, he having lost the notes of many of his cases.

In the preparation of this class of cases for operation, much can be done to insure a fortunate result; and in this connection I wish

to give due credit to the efforts of my assistant, Dr. George B. Somers. To him was entrusted almost the entire responsibility of treatment, both by irrigation and dietary measures, and to his efficient management I believe our success was largely attributable. The patient's condition at time of operation was excellent, his strength having been conserved by skillful feeding.

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